



# State of New Hampshire

## 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed  
Date Filed: 03/31/2014  
Business ID: 488925  
William M. Gardner  
Secretary of State

BRR CONSTRUCTION CORP

81 SOUTH STATE ST  
CONCORD, NH 03301

### ADDRESS OF PRINCIPAL OFFICE:

81 SOUTH STATE ST  
CONCORD, NH 03301

### REGISTERED AGENT AND OFFICE:

RAYMOND J. DILUCCI P.A.  
81 SOUTH STATE ST  
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 488925

STATE OF DOMICILE: NEW HAMPSHIRE

CONSTRUCTION

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address  
☐ The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME RAYMOND J. DILUCCI, PRES  
STREET 81 SO. STATE ST  
CITY/STATE/ZIP CONCORD NH 03301  
NAME ELIZABETH A. SEELE, V.P.  
STREET 100 SUMMER ST  
CITY/STATE/ZIP BRISTOL NH 03222  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME RAYMOND J. DILUCCI  
STREET 81 So. STATE ST  
CITY/STATE/ZIP CONCORD NH 03301  
NAME ELIZABETH A. SEELE  
STREET 100 SUMMER ST  
CITY/STATE/ZIP BRISTOL NH 03222  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)



T1410055051

WHEN THIS FORM IS  
PUBLIC DOCUMENT A  
REQUIRED INFORMATION

BECOME A  
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